

In the claims:

1-112. **(Cancelled)**

113. **(Currently amended)** A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, the method comprising:

contacting a multi-epitopic antigen present in a host's serum with a composition comprising a binding agent that specifically binds to a first epitope on the antigen, the binding agent present in the composition being non-radiolabeled, and allowing the binding agent to form a binding agent/antigen pair, whereby an effective host T cell response is elicited against a second epitope on the antigen ~~in-on~~ the binding agent/antigen pair.

114-116. **(Cancelled)**

117. **(Currently amended)** The method of claim 113, further comprising a humoral immune response against a second epitope on the antigen.

118. **(Previously presented)** The method of claim 113, wherein the multi-epitopic *in vivo* antigen is a soluble antigen.

119. **(Previously presented)** The method of claim 118, wherein the soluble antigen is a soluble tumor-associated antigen.

120. **(Previously presented)** The method of claim 118, wherein the soluble antigen is associated with a human cancer.

121-122. **(Cancelled)**

123. **(Previously presented)** The method of claim 113, wherein the binding agent is an antibody or a polypeptide including an antigen binding portion thereof.

124. **(Cancelled)**

125. **(Currently amended)** The method of claim 123, wherein the antibody is B43.13 which is produceable producible by a hybridoma having ATCC deposit number PTA-1883.

126-128. **(Cancelled)**

129. **(Previously presented)** The method of claim 113, wherein the antigen is CA125.

130. **(Previously presented)** The method of claim 129, wherein the level of CA125 in the host's serum is greater than 100U/ml.

131. **(Previously presented)** The method of claim 123, wherein the antigen is a soluble circulating antigen and the antigen is contacted with a sufficient amount of antibody to present all the circulating antigen to the immune system.

132. **(Previously presented)** The method of claim 113, wherein the antigen is contacted with binding agent in an amount of from 0.1 μ g to 2 mg per kg of body weight of the host.

133. **(Previously presented)** The method of claim 132, wherein the antigen is contacted with binding agent in an amount from 1 μ g to 200 μ g per kg of body weight of the host.

134. **(Previously presented)** The method of claim 133, wherein allowing the binding agent to form a binding agent/antigen pair presents other epitopes on the antigen to the host's immune system.

135. **(Currently amended)** A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, comprising administering to the host a composition comprising a binding agent that specifically binds to an epitope on the antigen, the binding agent present in the composition being non-radiolabeled, thereby forming a binding agent/antigen pair, whereby an effective host T cell

response is elicited against ~~a second epitope~~ of the antigen, the binding agent being present in the composition in an amount of from 0.1 µg to 2 mg per kg of body weight of the host.

136. **(Cancelled)**

137. **(Previously presented)** The method of claim 135, wherein the antigen is a soluble antigen.

138. **(Previously presented)** The method of claim 135, wherein the antigen is a tumor antigen.

139. **(Previously presented)** The method of claim 137, wherein the antigen is a tumor antigen.

140. **(Cancelled)**

141. **(Previously presented)** The method of claim 113, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

142. **(Previously presented)** The method of claim 113, wherein contacting comprises administering by any immunologically suitable route.

143. **(Previously presented)** The method of claim 142, wherein administering by any immunologically suitable routes comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

144. **(Previously presented)** The method of claim 142, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

145-169. **(Cancelled)**

170. **(Previously presented)** The method of claim 135, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

171. **(Previously presented)** The method of claim 135, wherein the composition is administered by any immunologically suitable route.

172. **(Previously presented)** The method of claim 171, wherein administering by any immunologically suitable route comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

173. **(Previously presented)** The method of claim 171, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

174. **(Currently amended)** A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, the method comprising contacting a multi-epitopic *in vivo* antigen present in a host's serum with a composition comprising a binding agent that specifically binds to an epitope on the antigen, the binding agent present in the composition being non-radiolabeled, and allowing the binding agent to form a binding agent/antigen complex, wherein the binding agent/antigen complex elicits an effective host ~~T cell humoral~~ immune response against a second epitope of the multi-epitopic *in vivo* antigen.

175-179. **(Cancelled)**

180. **(Previously presented)** The method of claim 174, wherein the multi-epitopic *in vivo* antigen is a soluble antigen.

181. **(Previously presented)** The method of claim 180, wherein the soluble antigen is a soluble tumor-associated antigen.

182. **(Previously presented)** The method of claim 180, wherein the soluble antigen is associate with a human cancer.

183-184. **(Cancelled)**

185. **(Previously presented)** The method of claim 174, wherein the binding agent is an antibody or a polypeptide including an antigen binding portion thereof.

186. **(Cancelled)**

187. **(Currently amended)** The method of claim 174, wherein the binding agent is B43.13 which is produceable producible by a hybridoma having ATCC deposit number PTA-1883.

188-189. **(Cancelled)**

190. **(Previously presented)** The method of claim 185, wherein the antibody is a non-human antibody.

191. **(Previously presented)** The method of claim 174, wherein the antigen is CA125.

192. **(Previously presented)** The method of claim 191, wherein the level of CA125 in the host's serum is greater than 100 U/ml.

193. **(Previously presented)** The method of claim 185, wherein the antigen is soluble circulating antigen and the antigen is contacted with a sufficient amount of antibody to present all the circulating antigen to the immune system.

194. **(Previously presented)** The method of claim 174, wherein the antigen is contacted with binding agent in an amount from 0.1 µg to 2 mg per kg of body weight of the host.

195. **(Previously presented)** The method of claim 194, wherein the antigen is contacted with binding agent in an amount from 1 µg to 200 µg per kg of body weight of the host.

196. (Cancelled)

197. (Previously presented) The method of claim 174, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

198. (Previously presented) The method of claim 174, wherein contacting comprises administering by any immunologically suitable route.

199. (Previously presented) The method of claim 198, wherein administering by any immunologically suitable route comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

200. (Previously presented) The method of claim 198, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

201. (Currently amended) A method for inducing a therapeutic host immune response against a multi-epitopic *in vivo* antigen that does not elicit an effective host immune response, comprising administering to the host a composition comprising a binding agent that specifically binds to an epitope on the antigen, the binding agent present in the composition being non-radiolabeled, thereby forming a binding agent/antigen complex, whereby an effective host T-cellhumoral immune response is elicited against a second epitope on antigen ~~the binding agent/antigen complex~~, the binding agent being present in the composition in an amount of from 0.1 µg to 2 mg per kg of body weight of the host.

202. (Previously presented) The method of claim 201, wherein the antigen is a soluble antigen.

203. (Previously presented) The method of claim 201, wherein the antigen is a tumor antigen.

204. **(Previously presented)** The method of claim 202, wherein the antigen is a tumor antigen.

205. **(Cancelled)**

206. **(Previously presented)** The method of claim 201, wherein the composition comprising a binding agent further comprises one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more pharmaceutically acceptable carriers and/or physiologically acceptable saline.

207. **(Previously presented)** The method of claim 201, wherein the composition is administered by any immunologically suitable route.

208. **(Previously presented)** The method of claim 207, wherein administering by any immunologically suitable route comprises intravenous, subcutaneous, intraperitoneal, intradermal, intramuscular, or intralymphatic routes.

209. **(Previously presented)** The method of claim 207, wherein administering by any immunologically suitable route comprises administering in solution, tablet, or aerosol form.

210-234. **(Cancelled)**

235. **(Currently amended)** The method according to any one of claims 117-120, 129, 130, 132-135, 137-139, 141-144, ~~170-175~~170-174, 180, 182, 191-192, ~~194-204~~194, 195, 197-204, or and 206-209 wherein the binding agent is an antibody.

236. **(Previously presented)** The method of claim 235, wherein the antibody is a murine monoclonal antibody.

237. **(Previously presented)** The method of claim 235, wherein the antibody is an Ab1 antibody.

238. **(Previously presented)** The method according to any one of claims 123, 185, 190, or 193, wherein the antibody is an Ab1 antibody.

239. **(Previously presented)** The method according to claim 123 or 185 wherein the antibody or polypeptide including an antigen binding portion thereof is selected from the group consisting of a chimeric monoclonal antibody, a genetically engineered monoclonal antibody, a Fab fragment, a F(ab')₂ fragment, and a single chain fragment.

240. **(Cancelled)**

241. **(Previously presented)** The method according to claim 113, wherein the T cell response is directed against a host cell of the patient.

242. **(Previously presented)** The method according to claim 241, wherein the host cell of the patient is a cancerous cell.

243. **(Withdrawn)** The method according to claim 113, wherein the antigen is a cell-surface-associated antigen with a carbohydrate moiety.

244. **(Withdrawn)** The method according to claim 243, wherein the cell-surface associated antigen is a tumor-associated antigen.

245-246. **(Cancelled)**

247. **(Withdrawn)** The method according to claim 113, wherein the binding agent is photoactivated.

248. **(Withdrawn)** The method according to claim 135, wherein the binding agent is photoactivated.

249. **(Withdrawn)** The method according to claim 174, wherein the binding agent is photoactivated.

250. **(Withdrawn)** The method according to claim 201, wherein the binding agent is photoactivated.

251. **(Currently amended)** The method of claim 135, further comprising a humoral immune response against a second epitope on the antigen.

252-253. **(Cancelled)**

254. **(Previously presented)** The method of claim 113, wherein the binding agent is administered in a 2 mg dosage.

255. **(Previously presented)** The method of claim 135, wherein the binding agent is administered in a 2 mg dosage.

256. **(Previously presented)** The method of claim 174, wherein the binding agent is administered in a 2 mg dosage.

257. **(Previously presented)** The method of claim 201, wherein the binding agent is administered in a 2 mg dosage.